



# Tripl3Leader

**Registration Form**  
*True Leadership Journey*

Tripl3Leader GmbH  
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Email: support@tripl3leader.com

**Company**

*Name*

**Contact Person (e. g. HR)**

*Last Name, First Name*

*Position*

*Address*

*E-mail*

*Phone no.*

**True Leadership Journey Participants**

*Family Name, First Name*

*Position*

*Leadership-Level*

*E-mail*

*Phone no.*

*Family Name, First Name*

*Position*

*Leadership-Level*

*E-mail*

*Phone no.*

*Family Name, First Name*

*Position*

*Leadership-Level*

*E-mail*

*Phone no.*

*Family Name, First Name*

*Position*

*Leadership-Level*

*E-mail*

*Phone no.*

*Family Name, First Name*

*Position*

*Leadership-Level*

*E-mail*

*Phone no.*

**Thank you for your registration!**

The next steps: Please send us the completed registration form by e-mail. We will contact you and your participants as soon as possible by telephone and send you the invoice separately. After payment has been received, your participants will receive a welcome package with further information. We are delighted that your participants will join us on the True Leadership Journey!

Tripl3Leader  
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